Addressing the social determinants of health in young people

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On March 15, WHO's Regional Office for Europe released *Growing up unequal: gender and socioeconomic differences in young people's health and well-being*—their latest report from the Health Behaviour in School-aged Children (HBSC) study. The report includes self-reported survey data for 2013–14 from adolescents in 42 countries in Europe and North America. There is good news: the proportion of 15-year-olds who first smoked at the age of 13 years or younger has fallen from 24% to 17% since 2009–10. This decrease was larger in girls than boys, and no consistent association with family affluence was found. However, smoking behaviours aside, girls and children from lower-income families consistently reported poorer physical and mental health and lower rates of physical activity than boys and children from more affluent families.

By the age of 15 years, one in five girls report their health as being fair or poor and one in two reported multiple health complaints more than once every week. Young people from more disadvantaged backgrounds not only reported lower levels of health-promoting behaviours and poorer health outcomes but also less social support from family and friends. Many of these socioeconomic health inequalities are persistent and might be increasing, states the report.

This trend is not surprising in view of the global economic recession that began in 2008, but it is certainly concerning. A new anti-poverty initiative launched by the American Academy of Pediatrics (AAP) is therefore welcome. Acknowledging that half of young children in the USA live in or near poverty, the AAP issued new recommendations last week urging paediatricians to screen for poverty at check-ups by asking family members about basic needs such as food, housing, and heat. Paediatricians can help connect families in need to local support programmes and serve as important advocates for policies that mitigate the effects of poverty on child health, states the AAP.

In view of the new HBSC findings, paediatricians' associations in Europe would be wise to follow the AAP's example. Doctors should not just treat the ill effects of wider determinants of health; they also have a crucial role in preventing them—in the clinic and beyond. ■ *The Lancet*

For the **HBSC report** see http://www.euro.who.int/en/hbsc-report-2016

For the **AAP initiative** see http://pediatrics.aappublications.org/content/early/2016/03/07/peds.2016-0339

Unite to end tuberculosis

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March 24 marks World TB Day. This year, the theme is "Unite to end tuberculosis". WHO calls on governments, civil society, and the private sector to unite to end the tuberculosis epidemic—a much needed approach to tackle this deadliest of diseases. Although 43 million lives were saved through effective diagnosis and treatment between 2000 and 2014, more than 9 million cases of tuberculosis and 1·5 million deaths (0·4 million deaths in HIV-positive individuals) occur annually.

Today's *Lancet* offers an up-to-date overview of the latest developments in tuberculosis diagnostics, treatments, and policies. Jonny Peter and colleagues report the results of the first randomised controlled trial showing a mortality reduction resulting from the implementation of a rapid, point-of-care tuberculosis diagnostic assay in HIV-positive patients. This is important because although the Xpert rapid molecular assay revolutionised tuberculosis diagnostics a few years ago, no studies have shown the effect of its implementation on mortality.

In a Seminar, Keertan Dheda and colleagues review the tuberculosis landscape, and their hopes from its latest developments—more than 50 diagnostics tests in various phases of development, a range of repurposed and new antituberculosis drugs in phase 2 and 3 clinical trials, and 15 vaccine candidates in clinical trials; but also the increasing challenges posed by highly drug-resistant forms of tuberculosis, the high prevalence of HIV, and persisting poverty. Indeed, the key risk factors associated with tuberculosis not only include HIV, poverty, and overcrowding, but also undernutrition, alcohol misuse, tobacco smoking, diabetes, and indoor air pollution—factors that are also major contributors to the global burden of non-communicable diseases (NCDs).

A united approach is indeed required to deliver on the promise to end tuberculosis. A convergence between infectious diseases and NCDs—on the basis of their increasingly shared risk factors—could enable a renaissance not only in tuberculosis research but also in the energy and consistency of tuberculosis prevention and treatment programmes. ■ *The Lancet*

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For more on **tuberculosis control** see the *Lancet* 2015 How to Eliminate Tuberculosis Series http://www.thelancet.com/series/how-to-eliminate-tuberculosis